In re	Jeffrey Alan Atkins Mary Katherine Atkins	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF M	ON	NTHLY INCO	ME I	FOR § 707(b)(7	') E	EXCLUSION		
		tal/filing status. Check the box that applies a		-		-	men	t as directed.		
		Unmarried. Complete only Column A ("De								
		I Married, not filing jointly, with declaration of 'My spouse and I are legally separated under a								
2		purpose of evading the requirements of § 707(
		for Lines 3-11.	(-)(1		٠			,
		I Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spou					abo	ove. Complete b	oth	Column A
		Married, filing jointly. Complete both Colu					Sno	use's Income'')	for l	Lines 3-11.
	_	gures must reflect average monthly income re					Р	Column A		Column B
		dar months prior to filing the bankruptcy case						Debtor's		Spouse's
		ling. If the amount of monthly income varied bonth total by six, and enter the result on the a			, you	must divide the		Income		Income
3		s wages, salary, tips, bonuses, overtime, con					\$	2,722.00	\$	2,500.00
	1	ne from the operation of a business, profess			Line	h from Line a and	Ψ	2,7 22.00	Ψ	2,000.00
		the difference in the appropriate column(s) of								
	busin	ess, profession or farm, enter aggregate numb	ers	and provide details	on ar	attachment. Do				
4		nter a number less than zero. Do not include b as a deduction in Part V.	any	part of the busine	ess ex	penses entered on				
4	Line	b as a deduction in 1 art v.		Debtor		Spouse				
	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary business expenses	\$	0.00		0.00				
	c.	Business income		btract Line b from		-	\$	0.00	\$	0.00
		s and other real property income. Subtract 1								
		oppropriate column(s) of Line 5. Do not enter a of the operating expenses entered on Line b				not include any				
5	1			Debtor		Spouse				
	a.	Gross receipts	\$	0.00	\$	0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00		0.00	_		_	
	c.	Rent and other real property income	Su	btract Line b from	Line a	a	\$	0.00	\$	0.00
6		est, dividends, and royalties.					\$	0.00		0.00
7	Pensi	on and retirement income.					\$	0.00	\$	0.00
		amounts paid by another person or entity, o								
8		nses of the debtor or the debtor's dependent ose. Do not include alimony or separate maint								
	spous	se if Column B is completed. Each regular page	yme	ent should be report	ted in					
		ayment is listed in Column A, do not report th					\$	0.00	\$	0.00
		inployment compensation. Enter the amount i								
		ever, if you contend that unemployment comp it under the Social Security Act, do not list th								
9		but instead state the amount in the space belo								
	Unei	mployment compensation claimed to								
	be a	benefit under the Social Security Act Debtor	r \$	0.00 Sp	ouse S	0.00	\$	0.00	\$	0.00
		ne from all other sources. Specify source and								
		separate page. Do not include alimony or sep se if Column B is completed, but include all								
		tenance. Do not include any benefits received								
10	receiv	ved as a victim of a war crime, crime against h								
10	dome	estic terrorism.			1	g .				
			\$	Debtor	\$	Spouse				
	b.		\$		\$					
		and enter on Line 10				J	\$	0.00	\$	0.00
11	Subto	otal of Current Monthly Income for § 707(b) (7)	. Add Lines 3 thru	10 in	Column A, and, if				
		mn B is completed, add Lines 3 through 10 in	~ .				\$	2,722.00	-	2,500.00

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		5,222.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	62,664.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: OR b. Enter debtor's household size: 2	\$	55,553.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	does no	ot arise" at the
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	ATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)	
16	Enter the amount from Line 12.		\$	5,222.00
17	Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's	d the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, regular basis for the household expenses of the debtor or the debtor's ow the basis for excluding the Column B income (such as payment of the support of persons other than the debtor or the debtor's dependents) and the purpose. If necessary, list additional adjustments on a separate page. If you did o. \$	\$	0.00
18		7(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	5,222.00
	Part V. C.	ALCULATION OF DEDUCTIONS FROM INCOME		
	Subpart A: Dec	ductions under Standards of the Internal Revenue Service (IRS)		
19A	Standards for Food, Clothing and C at www.usdoj.gov/ust/ or from the	g and other items. Enter in Line 19A the "Total" amount from IRS National other Items for the applicable number of persons. (This information is available clerk of the bankruptcy court.) The applicable number of persons is the number exemptions on your federal income tax return, plus the number of any apport.	\$	985.00
19B	Out-of-Pocket Health Care for pers Out-of-Pocket Health Care for pers www.usdoj.gov/ust/ or from the cle who are under 65 years of age, and older. (The applicable number of pe be allowed as exemptions on your f you support.) Multiply Line a1 by I Line c1. Multiply Line a2 by Line by	Enter in Line a1 below the amount from IRS National Standards for ons under 65 years of age, and in Line a2 the IRS National Standards for ons 65 years of age or older. (This information is available at rk of the bankruptcy court.) Enter in Line b1 the applicable number of persons lenter in Line b2 the applicable number of persons who are 65 years of age or ersons in each age category is the number in that category that would currently rederal income tax return, plus the number of any additional dependents whom Line b1 to obtain a total amount for persons under 65, and enter the result in b2 to obtain a total amount for persons 65 and older, and enter the result in Line atotal health care amount, and enter the result in Line 19B. The sof age Persons 65 years of age or older 60 a2. Allowance per person 144 2 b2. Number of persons 0 120.00 c2. Subtotal 0.00	\$	120.00
20A	Local Standards: housing and uti Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or	lities; non-mortgage expenses. Enter the amount of the IRS Housing and expenses for the applicable county and family size. (This information is from the clerk of the bankruptcy court). The applicable family size consists of	Ψ	120.00
1	the number that would currently be	allowed as exemptions on your federal income tax return, plus the number of	\$	

home, if any, as stated in Line 42	20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counted the number that would currently be allowed as exemptions on your fee any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rental expense]	ty and family size (this information is burt) (the applicable family size consists of leral income tax return, plus the number of al of the Average Monthly Payments for any	
Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend that the Process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled under the IRS Housing and Utilities Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 0		b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 1,532.00	
201 Standards: transportation; which you pay the operating expenses of operating a vehicle and regardless of whether you pay the expenses of operating a vehicle and regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 10 1 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptey court.) Local Standards: transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation and you contend that you are entitled to an additional deduction for you public transportation on you contend that you are entitled to an additional deduction for you public transportation on whereas the public Transportation" amount from IRS Local Standards: Transportation ownership/lease expenses; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1		c. Net mortgage/rental expense	Subtract Line b from Line a.	\$ 0.00
Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 0	21	20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are	led under the IRS Housing and Utilities	\$ 0.00
You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. □ 0 □ 1 ■ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ■ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (adiable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs S		Local Standards: transportation: vehicle operation/public transport	rtation evnense	- +
If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation; additional public transportation expenses. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Local Standards: transportation ownership/lease expense; Vehicle 1. Stated in Line 42; subtract Line b from Line and enter the result in Line 23. Do not enter an amount less than zero. In IRS Transportation Standards, Ownership Costs	22A	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	whether you pay the expenses of operating a	ı
Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation; additional public transportation expenses. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation. This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Paym				
for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1		Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the	Operating Costs" amount from IRS Local applicable Metropolitan Statistical Area or	\$ 472.00
Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1	22B	for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.go	you are entitled to an additional deduction for insportation" amount from IRS Local	
Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 496.00 Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42 \$ 119.00 Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 0.00 Average Monthly Payment for any debts secured by Vehicle \$ 0.00 Enter in Line and enter and the standards are an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 0.00 Average Monthly Payment for any debts secured by Vehicle \$ 0.00 Complete this Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,		Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)		
Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 0.00 Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 \$ 0.00 C. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,	23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Line	ourt); enter in Line b the total of the Average	
b. 1, as stated in Line 42 \$ Subtract Line b from Line a. \$ 375			\$ 496.00	
C. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. \$ 377			\$ 119.00	
the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 0.00 Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 \$ 0.00 Co. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,			Subtract Line b from Line a.	\$ 377.00
Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,	24	the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line	IRS Local Standards: Transportation ourt); enter in Line b the total of the Average	
b. 2, as stated in Line 42 \$ 0.00 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ 0.00 \$ \$ \$ 0.00 \$ \$			\$ 0.00	
c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. \$ Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,			\$ 0.00	
			Subtract Line b from Line a.	\$ 0.00
1 /2 Latete and local tower other than mad actate and allerteness and a feet a feet and 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25			
state and rocal taxes, other than roar estate and sales taxes, such as moonic taxes, sen emproyment taxes, social				\$ 883.00

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such as Do not include discretionary amounts, such as voluntary	retirement contributions, union dues, and uniform costs.	\$ 0.00
27	Other Necessary Expenses: life insurance. Enter total are life insurance for yourself. Do not include premiums for any other form of insurance.		\$ 0.00
28	Other Necessary Expenses: court-ordered payments. E pay pursuant to the order of a court or administrative agen include payments on past due obligations included in Li	cy, such as spousal or child support payments. Do not	\$ 0.00
29	Other Necessary Expenses: education for employment of the total average monthly amount that you actually expendeducation that is required for a physically or mentally chall providing similar services is available.	I for education that is a condition of employment and for	\$ 0.00
30	Other Necessary Expenses: childcare. Enter the total av childcare - such as baby-sitting, day care, nursery and pres		\$ 0.00
31	Other Necessary Expenses: health care. Enter the total a health care that is required for the health and welfare of you insurance or paid by a health savings account, and that is i include payments for health insurance or health savings	purself or your dependents, that is not reimbursed by n excess of the amount entered in Line 19B. Do not	\$ 0.00
32	Other Necessary Expenses: telecommunication services actually pay for telecommunication services other than you pagers, call waiting, caller id, special long distance, or inte welfare or that of your dependents. Do not include any an	ur basic home telephone and cell phone service - such as ernet service - to the extent necessary for your health and	\$ 0.00
33	Total Expenses Allowed under IRS Standards. Enter th	ne total of Lines 19 through 32.	\$ 3,354.00
24	Health Insurance, Disability Insurance, and Health Sav the categories set out in lines a-c below that are reasonably dependents.		
34	a. Health Insurance	\$ 324.00	
	b. Disability Insurance	\$ 0.00	
	c. Health Savings Account	\$ 0.00	\$ 324.00
	Total and enter on Line 34. If you do not actually expend this total amount, state yo below: \$	our actual total average monthly expenditures in the space	
35	Continued contributions to the care of household or fan expenses that you will continue to pay for the reasonable a ill, or disabled member of your household or member of your expenses.	and necessary care and support of an elderly, chronically	\$ 0.00
36	Protection against family violence. Enter the total averag actually incurred to maintain the safety of your family und other applicable federal law. The nature of these expenses	er the Family Violence Prevention and Services Act or	\$ 0.00
37	Home energy costs. Enter the total average monthly amore Standards for Housing and Utilities, that you actually expetrustee with documentation of your actual expenses, and claimed is reasonable and necessary.	end for home energy costs. You must provide your case	\$ 0.00
38	Education expenses for dependent children less than 18 actually incur, not to exceed \$147.92* per child, for attend school by your dependent children less than 18 years of ag documentation of your actual expenses, and you must enecessary and not already accounted for in the IRS Star	ance at a private or public elementary or secondary ge. You must provide your case trustee with xplain why the amount claimed is reasonable and	\$ 0.00
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 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	1							
39	Stand or fro	nses exceed the combined allowan dards, not to exceed 5% of those c om the clerk of the bankruptcy cou	E. Enter the total average monthly am aces for food and clothing (apparel an ombined allowances. (This information ort.) You must demonstrate that the	d se	rvices) in the IRS available at www	National v.usdoj.gov/ust/		
	reaso	onable and necessary.					\$	0.00
40	Cont	inued charitable contributions. cial instruments to a charitable or	Enter the amount that you will continganization as defined in 26 U.S.C. § 1	ue t .70(to contribute in the $c)(1)$ - (2) .	e form of cash or	\$	0.00
41	Total	Additional Expense Deductions	s under § 707(b). Enter the total of L	ine	s 34 through 40		\$	324.00
	<u> </u>	<u> </u>	ubpart C: Deductions for De	ht l	Payment		1	
	Ι		-				1	
42	own, and c amou bankı	list the name of the creditor, iden- heck whether the payment include ints scheduled as contractually due	For each of your debts that is secured tify the property securing the debt, an es taxes or insurance. The Average Me to each Secured Creditor in the 60 n essary, list additional entries on a separate.	d sta onth	ate the Average Maly Payment is the this following the f	Ionthly Payment, total of all filing of the		
		Name of Creditor	Property Securing the Debt	A	Average Monthly Payment			
	a.	CitiMortgage Inc	residence Location: 712 B Patrol St, Molalla OR 97038	\$	319.00	□yes ■no		
	b.	Clackamas Community FCU	2004 Ford Taurus	\$	119.00	□yes ■no		
	c.	Select Portfolio Servicing, Inc.	residence Location: 712 B Patrol St, Molalla OR 97038	\$	1,213.00	■yes □no		
				,	Total: Add Lines		\$	1,651.00
43	motor your paym sums	r vehicle, or other property necess deduction 1/60th of any amount (nents listed in Line 42, in order to in default that must be paid in order	f any of debts listed in Line 42 are sectors ary for your support or the support of the "cure amount") that you must pay maintain possession of the property. I der to avoid repossession or foreclosulditional entries on a separate page. Property Securing the Debt residence Location: 712 B Patrol St, Mola OR 97038	the The re. I	ar dependents, you creditor in addition cure amount wou list and total any a 1/60th of the	u may include in on to the ld include any	\$	20.22
	Dorm	ants on proportition priority doi		((Ψ	20.22
44	priori		ims. Enter the total amount, divided b claims, for which you were liable at t as those set out in Line 28.				\$	5.00
			If you are eligible to file a case under the amount in line b, and enter the res					
45	a. b.	issued by the Executive Office	apter 13 plan payment. trict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	\$ x		9.70		
	c.	Average monthly administrative	ve expense of Chapter 13 case		otal: Multiply Line		\$	0.00
46	-		Enter the total of Lines 42 through 45		war warpi		\$	1,676.22
.0	_ 5	·	ibpart D: Total Deductions for		n Income		Ψ	1,57 0.22
47	Total		-				\$	5,354.22
47	1 ota	or an deductions allowed under	* § 707(b)(2). Enter the total of Lines	<i>35</i> ,	41, and 46.		\$	J,354.ZZ
		Part VI. DE	TERMINATION OF § 707(b)(2	PRESUMP	TION		

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$ 5,222.00
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$ 5,354.22
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$ -132.22
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$ -7,933.20
	Initial presumption determination. Check the applicable box and proceed as directed.	
52	■ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of p statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.	page 1 of this
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaining	
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (I	Lines 53 through 55).
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII. ☐ The amount on Line 51 is a small to an amount of the statement of Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII.	
56	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income und 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses. Expense Description	e health and welfare of ler § monthly expense for
56	Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income und 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses. Expense Description But the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income und 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average seach item. Total the expenses. Expense Description S C. S d. S S S S S S S S S S S S S	e health and welfare of ler § monthly expense for

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.